

DEPARTMENT OF ACCOUNTS
FAACS Online Form to Reset Password

Form: FAACS-S2

Agency Number _____	Agency Name _____
Phone Number _____	FAX Number _____
Date _____	FAACS Security Officer _____

In an attempt to either change their passwords or logon to the system, the person(s) listed below have reached the maximum number of allowable attempts. Please have the passwords reset at your earliest convenience.

Data Entry ID#	Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DOA (Fixed Asset Accounting and Control System)

Date _____	Authorized Signature _____
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Agency Person Notified of Password Change _____

Mail Form to: Fixed Assets and Indirect Costs
Department of Accounts
P.O. Box 1971
Richmond, Virginia 23218-1971
